

**BOARD OF PSYCHOLOGY**

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## CALIFORNIA BOARD OF PSYCHOLOGY SUPERVISION AGREEMENT FOR SUPERVISED PROFESSIONAL EXPERIENCE IN HEALTH SERVICES

This agreement is to be completed by the undersigned primary supervisor and the trainee prior to the commencement of the supervised professional experience (SPE). The primary supervisor agrees to maintain this agreement until the trainee completes the SPE and requests the primary supervisor to rate and verify the experience. The primary supervisor agrees to submit this agreement directly to the board along with the *SPE Verification of Experience Form* when requested to do so by the trainee or by the board. Any changes to the supervisory plan during the course of the experience shall be documented on a separate sheet, initialed by both the supervisor and trainee, and attached to this agreement as an addendum.

**SECTION I:**

**PRIMARY SUPERVISOR:** \_\_\_\_\_  
 (Print or Type: First Name, Middle Initial and Last Name)

**DELEGATED SUPERVISOR(S):** \_\_\_\_\_  
 (Print or Type: First Name, Middle Initial and Last Name)

\_\_\_\_\_  
 (Print or Type: First Name, Middle Initial and Last Name)

\_\_\_\_\_  
 (Print or Type: First Name, Middle Initial and Last Name)

**NOTE:** A change in primary supervisor will require the completion of an entire new supervision agreement plan. Change(s) in delegated supervisor(s) should be documented on a separate sheet and attached to this agreement as an addendum.

**TRAINEE:** \_\_\_\_\_  
 (Print or Type: First Name, Middle Initial and Last Name)

**SECTION II:**

**The above trainee will be delivering the limited psychological services described below to the public under one of the following categories under the California Business and Professions Code:**  
 (check appropriate category):

- \_\_\_\_\_ 2909(d) - Registered Psychologist
- \_\_\_\_\_ 2910 - employee of an "exempt" setting
- \_\_\_\_\_ 2911 - intern in a formal predoctoral internship placement
- \_\_\_\_\_ 2913 - registered psychological assistant
- \_\_\_\_\_ Department of Mental Health Waiver

**What is the start and anticipated completion dates of the above checked category:**

Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

**The above trainee will perform the following services:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The trainee will perform these services in the following location(s). Please include the address:

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The goals and objectives of this plan for supervised professional experience are summarized as follows:

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### **SECTION III:**

**IN ADDITION TO THE ABOVE PROVISIONS, THE FOLLOWING PROVISIONS OF THIS AGREEMENT  
ARE TO BE COMPLETED BY BOTH THE  
PRIMARY SUPERVISOR AND THE TRAINEE  
AND REVIEWED BY ALL DELEGATED SUPERVISORS:**

In any supervised professional experience, the primary supervisor assumes professional and ethical responsibility for the psychological functions performed by the trainee. The supervisor is also responsible for ensuring that the supervised professional experience meets all requirements set forth in section 1387 of the Code of Regulations and, in the case of registered psychological assistants, in section 1391 of the Code of Regulations.

The supervisor(s) and trainee agree to and understand all of the following information: (Please check each item as it is reviewed with the trainee).

#### **SUPERVISION REQUIREMENTS:**

(California Code of Regulations Section 1387)

1. \_\_\_\_ The trainee will be provided with at least 1 hour of face-to-face, direct, individual supervision by the primary supervisor each week.
2. \_\_\_\_ The trainee will be provided with supervision for 10% of the total time worked each week.
3. \_\_\_\_ The trainee shall have no proprietary interest in the business of the primary or delegated supervisor(s) and shall not serve in any capacity which would hold influence over the primary or delegated supervisor(s)' judgement in providing supervision.
4. \_\_\_\_ A maximum of forty-four (44) hours per week, including the required 10% supervision will be credited toward meeting the supervised professional experience requirement.
5. \_\_\_\_ Neither the primary supervisor nor any delegated supervisors will receive payment, monetary or otherwise, from the supervisee for the purpose of providing supervision.
6. \_\_\_\_ The trainee will not function under any other license or in any other professional capacity while accruing SPE.
7. \_\_\_\_ The supervisor(s) will maintain a clear and accurate record of trainee's supervision. This record may be in the form of the SPE log required to be maintained by the trainee pursuant to section 1387.5 of the Code of Regulations.

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#### **QUALIFICATIONS AND RESPONSIBILITIES OF PRIMARY SUPERVISORS:**

(California Code of Regulations Section 1387.1)

##### **THE PRIMARY SUPERVISOR:**

1. \_\_\_\_ Must be a licensed psychologist, except board certified psychiatrists may be primary supervisors of their own registered psychological assistants.
2. \_\_\_\_ Shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the trainee of any disciplinary action that affects his or her ability or qualifications to supervise

3. \_\_\_\_ Shall be employed by the same work setting in which the trainee will be working for at least half the time that the trainee will be working, except for supervisors of psychological assistants who shall be physically on site at least 50% of the time that the psychological assistant is working each week.
  4. \_\_\_\_ Shall be available to the trainee 100% of the time the trainee is working. This availability may be in person or through telephone, beeper or other appropriate technologies. For registered psychological assistants, the supervisor must be physically on site 50% of the time the registrant is providing limited psychological services.
  5. \_\_\_\_ Shall complete a minimum of six hours of supervision coursework every two years as described in section 1387.1(c).
  6. \_\_\_\_ Shall ensure that both he or she and the trainee are in compliance at all times with the provisions of the Psychology Licensing Law or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws.
  7. \_\_\_\_ Shall ensure that all SPE is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.
  8. \_\_\_\_ Shall monitor the welfare of the trainee's assigned clients.
  9. \_\_\_\_ Shall inform each client or patient prior to the supervisee performing services that the trainee is unlicensed and is functioning under the direction and supervision of the primary supervisor and that any fees for services provided by the supervisee must be paid directly to the primary supervisor or employer.
  10. \_\_\_\_ Shall monitor the performance and professional development of the trainee.
  11. \_\_\_\_ Shall ensure that he or she has the education, training, and experience in the area(s) of psychological practice supervised.
  12. \_\_\_\_ Shall have no familial, intimate or other relationship with the trainee which would compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association.
  13. \_\_\_\_ Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor.
  14. \_\_\_\_ Shall not exploit or engage in sexual relationships or any other sexual contact with the trainee.
  15. \_\_\_\_ Shall review the pamphlet "Professional Therapy Never Includes Sex" with the trainee.
  16. \_\_\_\_ Shall monitor the supervision performance of all delegated supervisors.
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QUALIFICATIONS AND RESPONSIBILITIES OF DELEGATED SUPERVISORS:  
(California Code of Regulations Section 1387.2)

THE DELEGATED SUPERVISOR(S):

1. \_\_\_\_ Must be a licensed psychologist or those other licensed mental health professionals listed in section 1387(c).
2. \_\_\_\_ Shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the trainee and primary supervisor of any disciplinary action that affects their ability or qualifications to supervise.
3. \_\_\_\_ Shall complete a minimum of six hours of formal training in supervision.
4. \_\_\_\_ Shall ensure that both they and the trainee are in compliance at all times with the provisions of the Psychology Licensing Law, the licensing laws of the Board of Behavioral Sciences, or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws.
5. \_\_\_\_ Shall ensure that all SPE conducted under the supervision delegated to them is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.
6. \_\_\_\_ Shall monitor the welfare of the trainee's clients while under their delegated supervision.
7. \_\_\_\_ Shall monitor the performance and professional development of the trainee and for reporting this performance and development to the primary supervisor.
8. \_\_\_\_ Shall ensure that they have the education, training, and experience in the area(s) of psychological practice to be supervised.

9. \_\_\_\_ Shall have no familial, intimate or other relationship with the trainee which would compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association.
10. \_\_\_\_ Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor.
11. \_\_\_\_ Shall not exploit or engage in sexual relationships or any other sexual contact with trainee.

#### **SECTION IV:**

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##### **PRIMARY SUPERVISOR'S SIGNATURE**

*I understand and accept this agreement, including, but not limited to my duties as a supervisor, and will ensure to the best of my abilities, that the trainee and all delegated supervisors will comply with the terms and conditions of this agreement and with all laws and regulations relating to the practice of psychology. All the foregoing is true and correct.*

Name (Print or Type) \_\_\_\_\_

Signature \_\_\_\_\_

City and State \_\_\_\_\_

Date \_\_\_\_\_

##### **TRAINEE'S SIGNATURE**

*I understand and will comply with the terms and conditions of this agreement. I will cooperate with my supervisor(s) to ensure that conditions of the supervision are fulfilled and will provide my supervisor(s) with all information necessary to supervise me on matters involving professional, ethical or legal concerns. All of the foregoing is true and correct.*

Name (Print or Type) \_\_\_\_\_

Signature \_\_\_\_\_

City and State \_\_\_\_\_

Date \_\_\_\_\_